R01 NR04908 **Women's Prodromal and Acute Symptoms of AMI**

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BACKGROUND / RATIONALE:

There is a growing consensus that women with AMI experience different symptoms and different clinical presentation than do men. Women's different presentation must be described so that women and health professionals alike may be educated accordingly. However, there are only limited studies which are currently appearing in the literature which focus specifically on women's symptoms of acute myocardial infarction (AMI) and coronary heart disease (CHD). The purpose of this study is to more fully describe prodromal and acute symptomatology in women prior to and with the acute MI episode. Symptomatology reflects a weighting of symptoms by frequency of occurrence and intensity of the prodromal and acute symptoms attributed to the MI.

OBJECTIVE(S):

The purpose of this study is to be able to more fully describe prodromal and acute symptomatology for women who have experienced an AMI. We will conduct a cross-sectional survey of white, black, and Hispanic women. Specific Aim #1 is to survey white, black, and Hispanic women concerning AMI symptoms. Specific Aim #2 is to compare acute symptomatology in women who experience prodromal symptoms with those who did not experience prodromal symptoms in white, black and Hispanic women when controlling for cardiovascular risk status.

METHODS:

The sample is derived from hospital discharge records. A health care recruiter employed at each participating institution telephones eligible women to determine their interest in participating in the study and initially screen potential participants for their ability to communicate verbally. After women have expressed interest in participating in the study to the health care recruiter, a post card is sent from the PI to the potential participant reminding them of the study and explaining that someone will be calling from the University of Arkansas for Medical Sciences (UAMS). The Acute and Prodromal Myocardial Infarction Symptom Survey (APMISS) consists of four sections: symptoms during and leading up to the AMI, cormorbid medical conditions, cardiac risk factors, and socio-demographic information. Prior to administration of the survey, a short cognitive screen is done to eliminate women with memory problems.

FINDINGS / RESULTS:

We have completed a test-retest analysis with the first 90 women. We first determined stability of the instrument by calculating agreement coefficients at the item level across times 1 (initial) and 2 (retest). We used the Kappa statistic for presence/absence of symptoms and the Gamma coefficient for the ordinal frequency and intensity ratings. One prodromal symptom had a Kappa of 0.22 and was dropped from the analysis. Other Kappa coefficients ranged from 0.9 to 0.71 with an average Kappa of 0.54. The Gamma coefficient on intensity of the symptoms ranged from 0.57 to 0.94 with an average of 0.79. Gamma coefficients on the frequency of symptoms ranged from 0.53 to 0.94 and averaged 0.75. Acute scores were calculated similarly to prodromal scores. No items were dropped from the analysis. Kappa coefficients ranged from 0.34 to 0.40 (22%), 0.41-0.50 (18.5%), 0.51 to 0l.60 (18.5%), 0.60 and higher (41%). The average Kappa was 0.54. Pearson correlation of acute score at time 1 and time 2 resulted in a strong relationship (r=.846; p£0.01).

STATUS:

Data collection.

IMPACT:

Results of this study will help us to more fully describe prodromal and acute symptomatology in women with heart disease and MI.

PUBLICATIONS: None at this time.